Campaign Statement Cover Page			Date Stamp	CALIFORNIA 460
	Statement covers period from 7/01/2024	Date of election if applicable: (Month, Day, Year)		Page 1 of 7 For Official Use Only
SEE INSTRUCTIONS ON REVERSE	through <u>9/21/2024</u>	11/5/2024		
1. Type of Recipient Committee: All Committees - Con	mplete Parts 1, 2, 3, and 4.	2. Type of Statement:		
State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee	Primarily Formed Ballot Measure Committee Controlled Sponsored Scomplete Part 6) Primarily Formed Candidate/ Officeholder Committee	Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Te Amendment (Explain be	☐ Specimination)	terly Statement ial Odd-Year Report CEIVED P 24 AH11:25
	liso Completo Part 7)			
	0. NUMBER 375600	Treasurer(s)		
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	373600	NAME OF TREASURER		
Residents Who Care About Dana Point		Betty Hill MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		СПУ	STATE ZIP CO	DE AREA CODE/PHONE
CITY STATE ZIP COI	DE AREA CODE/PHONE	NAME OF ASSISTANT TREASURE	R, IF ANY	
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX		MAILING ADDRESS		
CITY STATE ZIP COL	DE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRES	SS	
I have used all reasonable diligence in preparing and reviewing certify under penalty of perjury under the laws of the State of Certify under penalty of perjury under the laws of the State of Certify under penalty of perjury under the laws of the State of Certification of Certificatio	g this statement and to the best of my kn California that the foregoing in the	owledge the information contained h	erein and in the attached sche	dules is true and complete. I
Executed on 9/23/2024	By, Sagnatario di Contagan	ng Omcencider, Canaicate, State Meastre Prop	onent or Responsible Officer of Sponsor	_
Executed on	BySign	vature of Controlling Officeholder, Candidate, Sta	te Measure Proponent	
Executed onDate	BySign	ature of Controlling Officeholder Condidate Sta	to Magazina Dimensional	_

FPPC Form 460 (Jan/2016))
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Recipient Committee Campaign Statement Cover Page — Part 2

COVER PA	GE - PART 2
CALIFORNIA FORM	460
Page 2 o	7

i. Officeholder or Candidate Control	lled Committee	6 Primarily Formed Ball	ot Measure Committee				
NAME OF OFFICEHOLDER OR CANDIDATE		6. Primarily Formed Ballot Measure Committee					
			d Replace the City's Exist	iing Short term rental ordinance			
OFFICE SOUGHT OR HELD (INCLUDE LOCATI	ON AND DISTRICT NUMBER IF APPLICABLE)	BALLOT NO. OR LETTER T	JURISDICTION Dana Point	SUPPORT OPPOSE			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND	STREET) CITY STATE ZIP	Identify the controlling offic	eholder, candidate, or state				
		NAME OF OFFICEHOLDER, CA	ANDIDATE, OR PROPONENT				
Related Committees Not Included not included in this statement that are contro contributions or make expenditures on behalf	iled by you or are primarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY			
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER COMMITTEE ADDRESS STREET ADDRE	CONTROLLED COMMITTEE?	7. Primarily Formed Canofficeholder(s) or candidate(s)) for which this committee is	primarily formed.			
	SS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SO	UGHT OR HELD SUPPORT			
CITY STA	TE ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SO	UGHT OR HELD			
COMMITTEE NAME NAME OF TREASURER	1.D. NUMBER	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOI	UGHT OR HELD ☐ SUPPORT ☐ OPPOSE			
	CONTROLLED COMMITTEE? YES NO SS (NO P.O. BOX)	NAME OF OFFICEHOLDER OR	CANDIDATE OFFICE SOL	UGHT OR HELD SUPPORT			
O'MELI ADDIE	55 (NO F.U. BOX)			LJ OPPOSE			
CITY STA	TE ZIP CODE AREA CODE/PHONE	Atta	ch continuation sheets if n	ocessary			

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period from 7/1/2024	CALIFORNIA 460				
through <u>9/21/2024</u>	Page 3 of 7				
	I.D. NUMBER				
	1375600				

Residents Who Care About Dana Point			1375600
Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and
 Monetary Contributions	\$\frac{1,632.00}{0}\$ \$\frac{1,632.00}{1,632.00}\$ \$\frac{1,632.00}{1,632.00}\$	\$ \$ \$ \$	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$\$ 21. Expenditures Made \$\$ Expenditure Limit Summary for State
7. Loans Made	\$\frac{1,127.01}{0} \$\frac{0}{1,127.01} \$\frac{0}{1,127.01}	\$ \$ \$ \$	Candidates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mm/dd/yy) \$
Current Cash Statement 12. Beginning Cash Balance	\$\frac{2,127.89}{1632.00} \frac{0}{0} \frac{1,127.01}{2,632.88} \$\frac{0}{3,725.00}	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).	*Amounts in this section may be different from amounts reported in Column B. FPPC Form 460 (Jan/2016)) FPPC Advice: advice@fppc.ca.gov (866/275-3772)

Schedule A			nts may be rounded			SCHEDULE A	
Monetary Contributions Received		to	whole dollars.	Statement cov	ers period	CALIFORNIA 460	
				from <u>7/1/2024</u>		FORM 400	
	ONS ON REVERSE			through <u>9/21/202</u>	4	Page	4of
NAME OF FILER						I.D. NU	MBER
Residents Wi	no care about Dana Point					137560	0
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE TO	DATE	PER ELECTION
RECEIVED	CONTRIBUTOR	CODE *	(IF SELF-EMPLOYED, ENTER NAME	RECEIVED THIS	CALENDAR YE	EAR	TO DATE
0.10.10.00.1	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		OF BUSINESS)	PERIOD	(JAN. 1 - DEC.	31)	(IF REQUIRED)
9/8/2024	Clark & Susan Smith	☑ IND	Retired	500.00	500.00	- 1	
		□отн					
		□ PTY				1	
9/8/2024	James C. Carrilly II.	□ SCC					
3/0/2024	James & Carol Kelly	COM	Retired	100.00	100.00		
		ОТН					
		□PTY □SCC					
9/8/2024	Royal Sol Limited	DIND					
3/0/2024	Royal Soi Littitleu	Z COM		100.00	100.00		
		□отн					
		□PTY □SCC			1	l	
		□IND					
		СОМ					
		□отн					
		□PTY □scc]	1	
		□IND					
		СОМ					
		ОТН					
		□PTY □SCC					
			SUBTOTAL \$	700 00			
Schedule	A Summary			700.00			
	-					ibutor Co	
Include all	ceived this period – itemized monetary contributions I Schedule A subtotals.)	•	\$ ⁷⁰⁰	.00	1		nt Committee
				00	отн-		han PTY or SCC) o.g., business entity)
. Amount red	ceived this period – uniternized monetary contribution	ns of less than	\$100\$.00	PTY-	Political	Party ontributor Committee
. Total mone	tary contributions received this period.		1.00	22.00			
(Add Lines	1 and 2. Enter here and on the Summary Page, Col	lumn A, Line 1.)TOTAL \$ 1,63			FPPC	Form 460 (Jan/2016))
				FP	PC Advice: advice	@fppc.c	a.gov (866/275-3772)

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Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may b to whole de		Statement cover from 7/1/2024		CALIFORNIA 460		
SEE INSTRUC	TIONS ON REVERSE			through <u>9/21/2024</u>		Page 5	of 7	
NAME OF FILE Residents W	R Tho Care About Dana Point					I.D. NUME 1375600		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
7/29/2024	Go Daddy.com	Monetary Contribution	Website & hosting	155.88	155.88			
		Nonmonetary Contribution						
	Support Dppose	Independent Expenditure				1		
8/15/2024	Signs on the Cheap	Monetary Contribution	Yard	863.12	863.12			
		Nonmonetary Contribution		-				
	☑ Support ☐ Oppose	Independent Expenditure						
8/20/2024	Uprinting	Monetary Contribution	Flyers	405.41	405.41			
		Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure						
			SUBTOTAL	\$ 1,424.41				
Schedule	D Summary				•			
I. Itemized	contributions and independent expenditures made	this period. (Include	e all Schedule D subtotals.).			s 1,1	27.01	
	ed contributions and independent expenditures ma							
	tributions and independent expenditures made this						27.01	

Schedule D (Continuation Sheet) Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees		Amounts may to whole o		Statement cover from 7/1/2024 through 9/21/2024	roin		SCHEDULE D (CONT CALIFORNIA 460 FORM Page 6 of 7 I.D. NUMBER	
Residents WI	ho Care Abiut Dana Point					137560		
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVI CALENDA (JAN. 1 - D	RYEAR	PER ELECTION TO DATE (IF REQUIRED)	
8/21/2024	GoDaddy	Monetary Contribution Nonmonetary Contribution Independent	Refund	(97.40)	58.48		(***	
9/12/2024	City of Dana Point	Expenditure Monetary Contribution Nonmonetary Contribution	Refung of initiative filing	(200.00)	(200)			
	☐ Support ☑ Oppose	Independent Expenditure Monetary Contribution Nonmonetary Contribution						
	☐ Support ☐ Oppose	Independent Expenditure Monetary Contribution						
	☐ Support ☐ Oppose	Nonmonetary Contribution Independent Expenditure						
			SUBTOTAL 5	(297.40)				

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Schedule F	Amounts may be roun				
Accrued Expenses (Unpaid Bills)	to whole dollars.	Statement cov	ers period	CALIFORNIA 460	
			0/91/90	24	
SEE INSTRUCTIONS ON REVERSE			through <u>9/21/20</u>	24	Page of
NAME OF FILER					I.D. NUMBER
Residents Who Care About Dana Point					1376500
CODES: If one of the following codes accurately describe	s the payment, you may	enter the code. Oth	erwise, describe th	e payment.	
CMP campaign paraphemalia/misc. CNS campaign consultants	MBR member communication	ins	RAD radio airtime a	nd production costs	8
CTB contribution (explain nonmonetary)*	MTG meetings and appeara OFC office expenses	nces	RFD returned contri	butions	
CVC civic donations	PET petition circulating		SAL campaign work TEL t.v. or cable air	kers' salaries time and productio	nt.
FIL candidate filing/ballot fees FND fundraising events	PHO phone banks		TRC candidate trav	el, lodging, and me	n costs als
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POL polling and survey rese	earch	TRS staff/spouse to	avel, lodging, and n	neals
LEG legal defense	POS postage, delivery and r PRO professional services (messenger services	TSF transfer betwe	en committees of the	ne same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	regar, accounting)	VOT voter registrati WEB information tec	on Hnology costs (inte	ornet, e-mail)
NAME AND ADDRESS OF OPENIOR		(a)	(b)	(c)	(d)
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING	AMOUNT INCURRED	AMOUNT PAI	D OUTSTANDING
, and an	DESCRIPTION OF PAYMENT	BALANCE BEGINNING OF THIS PERIOD	THIS PERIOD	THIS PERIOD (ALSO REPORT ON	
Strumwasser & Woocher	PRO	3725.00	0	0	3725.00
				١	3723.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS \$	\$	\$		\$
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all So accrued expenses of \$100 or more, plus total uniternized a 	chedule F, Column (b) sub ccrued expenses under \$	ototals for 100.)	INCU	RRED TOTALS	s s 0
Total accrued expenses paid this period. (Include all Scheraccrued expenses of \$100 or more, plus total uniternized p	dula E Oaluma (a) autotat				
				PAID TOTALS	5 \$
 Net change this period. (Subtract Line 2 from Line 1. Ente on the Summary Page, Column A, Line 9.) 	er the difference here and	***************************************	***************************************	NET	r\$
					May be a negative number FPPC Form 460 (Jan/2016))
			FPP	C Advice: advice@	fppc.ca.gov (866/275-3772)